

SUPERVISOR – EMPLOYEE CHECKLIST

1. EMPLOYEE NAME	2. SUPERVISOR NAME	
<p>The following checklist is designed to ensure that the teleworker and supervisor are properly oriented to policies and procedures of the Telework Program. Questions 4, 5, and 6 may not be applicable to the telework employee. If this is the case, state non-applicable or N/A</p>		
ITEM	DATE	
1. Employee/Supervisor has read Fort Belvoir Garrison Telework Policy.		
2. Employee has been provided with a schedule of work hours.		
3. Employee <input type="checkbox"/> has <input type="checkbox"/> has not been issued government furnished equipment. (If equipment has been issued, complete items 4 and 5 below. If not, enter N/A in the date block and skip to item 6.)		
4. Equipment issued by OSAA is documented properly receipted. Check as applicable:	YES	NO
Laptop Computer		
Other:		
Other:		
	DATE	
5. Policies and procedures for care of equipment issued by OSAA have been explained and are clearly understood.		
6. Policies and procedures covering classified, secure, or Privacy Act data have been discussed and are clearly understood.		
7. Requirements for an adequate and safe office space and/or area have been discussed, and the employee certified that requirements are met.		
8. Performance and conduct expectations have been discussed and are understood.		
9. Employee understands that the supervisor may terminate employee participation, in accordance with established administrative procedures and union-negotiated agreements.		
10. Employee has participated in training.		
11. Supervisor has participated in training.		
12. Telework Agreement has been completed and signed.		
EMPLOYEE'S SIGNATURE	DATE	
SUPERVISOR'S SIGNATURE	DATE	
REMARKS:		